

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005687

1. Entity Name
**WALLACE COUNTRY INDUSTRIAL PARK ASSOCIATION,
INC.**



Principal Place of Business

**5654 JASON LEE PL.
SARASOTA, FL 34233**

Mailing Address

**7330 S. TAMiami TRAIL
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0889241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN
1432 FIRST ST.
SARASOTA, FL 34236**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEIDEL, BARRY
STREET ADDRESS 7330 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA, FL 34231

TITLE TSD
NAME ROBERTS, DONNA DIANE
STREET ADDRESS PO BOX 567
CITY-ST-ZIP LOWELL, FL 32663

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000593030
01/22/07-80014-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/07 941-923-0535